

Client Consent and Release of Information Authorization
Homeless Alliance of Western New York - Buffalo Area Service Network (BAS-Net)

_____ is a Partner Agency in the Buffalo Area Service Network (BAS-Net). BAS-Net is a management information system administered by the Homeless Alliance of Western New York (HAWNY). Authorized personnel at partner agencies will enter relevant client information into BAS-Net for use in improving service delivery as well as community research and planning efforts.

This form fully protects your rights to privacy. Before signing this form, you should:

1. Make sure the release is in your best interest. You have a right to inspect or copy the information to be disclosed.
2. Not sign the authorization as a requirement to receive services
3. Understand the information is limited to the items that you initial.
4. Please be aware that the above-named organization can not assure information will not be redisclosed by HAWNY. However, the Homeless Alliance of Western New York **will not disclose** your name and other identifying information (including SSN, citizen or immigration status, address, phone numbers, emergency contact, DOB, gender, race, marital status, household relationships) without a separate authorization from you.
5. Be aware that this authorization does not allow for the disclosure of information about the diagnosis or treatment of HIV/AIDS. A separate authorization form is required for such disclosures.
6. Know you may restrict the disclosure of specific information including by not limited to: your physical and mental health history, legal, military, employment and residential history, income, skills, and service plans/notes.
7. Know information about the services provided to you and the outcomes of these services may be collected for the purpose of improving the quality of care and services to you and other homeless individuals and their families.
8. Know that this authorization will be valid for one (1) year from the date of signing, unless revoked in writing before it expires. You can specify a shorter period of time.
9. Know you have a right to a copy of this authorization.

Please initial on the line next to each area that may be disclosed to HAWNY

- _____ General Information (including name, social security number, date of birth, citizenship, emergency contacts, gender, race, marital status, household composition)
- _____ Medical information (including mental health and alcohol/drug use)
- _____ Military information
- _____ Legal history
- _____ Employment, skills, and income information
- _____ Residential/housing information
- _____ Service history, plans, and notes

I authorize _____ to disclose the information as initialed above, to the Homeless Alliance of Western New York (HAWNY) for the **limited purpose of identifying resource needs and improving services to homeless populations in Western New York.**

SIGNATURE OF CLIENT
(PARENT OR GUARDIAN if under 18 years of age.)

SIGNATURE OF WITNESS

DATE

DATE

CANCELLATION

I hereby cancel my permission for _____ to release information to the Homeless Alliance of Western New York. The cancellation becomes effective on the date signed. _____ is not required to retrieve information disclosed prior to the cancellation.

SIGNATURE OF CLIENT
(PARENT OR GUARDIAN if under 18 years of age.)

SIGNATURE OF WITNESS

DATE

DATE

REFUSAL

I hereby refuse to authorize _____ to release information to the Homeless Alliance of Western New York.

SIGNATURE OF CLIENT
(PARENT OR GUARDIAN if under 18 years of age.)

SIGNATURE OF WITNESS

DATE

DATE